

THE TRAVELER MUST COMPLETE THIS FORM. IF FORM IS NOT COMPLETED, IT WILL BE RETURNED TO THE TRAVELER AND NOT PROCESSED UNTIL ALL DATA IS COMPLETED. (SEE BACK OF FORM FOR ADDITIONAL INFORMATION.)

DATE _____ DESTINATION _____ PURPOSE CODE _____ PAYROLL # _____

TRAVEL EXPENSE REPORT

NAME _____
(PLEASE PRINT)

BUILDING NO. _____

DIVISION OR DEPARTMENT (ABBREVIATION) _____

ACTUAL TRIP START AND END DATES MUST BE INDICATED TO CLAIM PER DIEMS.
(If one day drive trip, provide start and end times.)

T.A. # _____ -3

DATE _____
(FOR OCF-ACT USE ONLY)

☐ I DID CHANGE AIR COUPONS.

PLEASE FORWARD ANY UNUSED AIR COUPONS
TO WTP IN BUILDING 201.

TRIP STARTED: DATE _____

TRIP ENDED: DATE _____

DATE	CITY	DESCRIPTION OF EXPENSES PAID BY TRAVELER	AMOUNT	REVIEWER USE ONLY
		LOCAL TRANSPORTATION: <input type="checkbox"/> TAXI <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> LIMOUSINE HOME OR ANL TO TERMINAL VIA: <input type="checkbox"/> ANL CAR <input type="checkbox"/> PERSONAL CAR _____ MILES @ 36.5¢/MILE		
		DESTINATION TERMINAL TO HOTEL VIA: <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> PUBLIC TRANSPORTATION		
		HOTEL TO TERMINAL VIA: <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> PUBLIC TRANSPORTATION		
		TERMINAL TO HOME: <input type="checkbox"/> ANL CAR <input type="checkbox"/> LIMOUSINE OR ANL VIA: <input type="checkbox"/> TAXI <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> PERSONAL CAR _____ MILES @ 36.5¢/MILE		
		Rental Car DEST 1-\$ DEST 2-\$ DEST 3-\$		
		Fuel DEST 1-\$ DEST 2-\$ DEST 3-\$		
		Safe Arrival Call DEST 1-\$ DEST 2-\$ DEST 3-\$		
		Business Telephone Calls		
		Lodging DEST 1-\$ DEST 2-\$ DEST 3-\$		
		Ground Transportation		
		Parking Tolls		
		Registration Paid by Traveler DEST 1-\$ DEST 2-\$ DEST 3-\$		
		Other Expenses: (list items)		
		Deductions:		
		– Personal airfare segment		
		– Meals Included in Registration Breakfast Lunch Dinner		
		– Personal Days on Rental Car DEST 1-\$ DEST 2-\$ DEST 3-\$		
NOTE: PLEASE STAPLE ORIGINAL RECEIPTS, ETC. TO THE BACK OF THIS FORM. REQUIRED FOR OCCURRENCES >\$25.00				
IF APPLICABLE BRING TOTAL FORWARD FROM CONTINUATION SHEET HERE →				
3/4 M&IE FIRST BUSINESS DESTINATION CITY _____ @ \$ _____ AMOUNT \$ _____				
_____ M&IE CALENDAR DAYS BUSINESS CITY 1 _____ @ \$ _____ AMOUNT \$ _____				
_____ M&IE CALENDAR DAYS BUSINESS CITY 2 _____ @ \$ _____ AMOUNT \$ _____				
_____ M&IE CALENDAR DAYS BUSINESS CITY 3 _____ @ \$ _____ AMOUNT \$ _____				
3/4 M&IE LAST BUSINESS DESTINATION CITY _____ @ \$ _____ AMOUNT \$ _____				
ENTER TOTAL →				
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, THAT THE AMOUNTS CLAIMED REPRESENT ACTUAL COSTS OR ARE IN ACCORDANCE WITH ANL M&IE POLICY AND THAT REIMBURSEMENT OF TRAVEL EXPENSES, FEES, OR SALARY ALLOWANCE HAS NOT AND WILL NOT BE RECEIVED FROM ANY OTHER ORGANIZATION EXCEPT TO THE EXTENT NOTED.				
SIGNATURE OF TRAVELER _____ DATE _____			TOTAL PAID BY TRAVELER	
DATE	SIGNATURE OF DIVISION DIRECTOR OR ALTERNATE DIVISION APPROVER		BADGE NO.	

NOTE: Check to Traveler will be sent separately. If you have questions regarding any adjustments, please call 2-3412 on domestic trips and 2-6846 on foreign trips.